

Daycare Professional / General Liability Application

System Member: _____

Department Name: _____

Department Contact: _____

Phone #: _____

Title: _____

Email: _____

Mailing Address: _____

DAYCARE LOCATION:

A. Description of operations: ☐ In-Home Day Care ☐ Day Care Center ☐ Before/After School Program
☐ Sick-Child Day Care ☐ Part of an Organization(describe) _____

B. Is applicant licensed? ☐ Yes ☐ No License Number: _____

C. What is the maximum number of children permitted by license? _____

D. What is the maximum number of children on premises at any one time? _____ Average Daily Attendance? _____

E. Indicate the number of children in each age group and the number of attendants assigned to each age group:

Age Group	Number of Children	Number of Attendants
1 to 6 months		
6 to 12 months		
1 to 3 years		
Over 3 years to 8 years		
Over 8 years		

F. Total # of employees: _____ Attach a list of all attendants, along with a description of his/her previous experience.

G. Any leased employees? ☐ Yes ☐ No

H. Does applicant have Workers Compensation coverage in force? ☐ Yes ☐ No

I. Are criminal background checks completed on employees? ☐ Yes ☐ No

J. Any previous or pending allegations of sexual or physical abuse? ☐ Yes ☐ No

K. Describe building (age, construction, exits, etc.): _____

L. Describe play equipment and facilities:

Trampoline? ☐ Yes ☐ No

Swimming Pool? ☐ Yes ☐ No

☐ Above Ground ☐ In-Ground

Swimming pool slides or diving boards? ☐ Yes ☐ No

Wading pool (less than 24 inches deep)? ☐ Yes ☐ No

Life safety equipment at poolside? ☐ Yes ☐ No

Pool area fenced with self latching gate? ☐ Yes ☐ No

One of the attendants certified lifeguard or CPR certified? ☐ Yes ☐ No

Any natural bodies of water (lakes, rivers, etc.) on property? ☐ Yes ☐ No

Ratio of attendants to children while swimming? _____ TO _____

Other (describe): _____



THE TEXAS A&M UNIVERSITY SYSTEM

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- M. Is the yard fully fenced? ☐ Yes ☐ No Any dogs on premises? ☐ Yes ☐ No
- N. Any special classes taught? (Gymnastics, dance, swimming, etc.) _____
- O. Describe how injuries and illnesses are handled: _____
- P. Any off-premises field trips? ☐ Yes ☐ No If so, how many? _____ Who transports? _____
Describe: _____
- Q. Attach a copy of enrollment form, medical release, hold-harmless, etc. used by the Insured.
- R. Any medication dispensed? ☐ Yes ☐ No Describe: _____
- S. Does applicant have accident and health policy covering students? ☐ Yes ☐ No
Carrier: _____ Policy Number: _____
- T. During the past three years has any company ever cancelled, declined or refused similar insurance to the applicant?
☐ Yes ☐ No If yes, explain: _____
- U. Are children released only to custodial parent or guardian? ☐ Yes ☐ No
If no, describe authorization procedure: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANTS SIGNATURE _____ DATE: _____

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

Type of Coverage	Limits of Liability	
Aggregate Limits of Liability	\$ 3,000,000	Products/Completed Operations Aggregate
Coverage A - Bodily Injury and Property Damage	\$ 3,000,000	General Aggregate (other than Products/Completed Operations)
Damage to Premises Rented to You Limit	\$ 1,000,000	Any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
Coverage B - Personal and Advertising Injury Liability	Excluded	Any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Medical Expense (any on person)	\$ 1,000,000	Any one person or organization subject to the General Aggregate Limits of Liability
Professional Liability	\$ 1,000	Any one person or subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Sexual and/or Physical abuse	\$ 1,000,000 \$ 3,000,000	Each Occurrence Aggregate
	\$ 250,000 \$ 500,000	Each Occurrence Aggregate



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